

PATIENT

Angel Conners

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

12 years

WEIGHT

46.6 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr Powers

INVOICE

12455

DATE

3.18.23

PRESENTING CLINICAL SIGNS

History: Recently diagnosed with diabetes mellitus. BW prior to a dental cleaning on 2/10/23 had BG of 175, then P became PU/PD and BG had increased to 346 on 3/2/23. History of a firm, irregular left anal sac mass (~1.5cm wide x 3cm long extending toward the pelvic inlet) with inflammatory/inconclusive cytology first noted in October 2021. PU/PD improving since starting insulin. Appetite and energy level normal.

Abnormal PE/Chem/CBC/UA Results: Glucose 346, PSL 252, ALT 134, PLT 440. UA: pH 7.5, 2+ glucose Current Medications Vetsulin Radiographic Findings None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 6.6 cm in length. The right kidney is 7.2 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.9 mm at the cranial pole and 6.1 mm at the caudal pole. The right adrenal gland height is 7.7 mm at the cranial pole and 5.5 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 1.4 cm x 1.6 cm isoechoic, pedunculated mass originating from the left caudal lobe. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

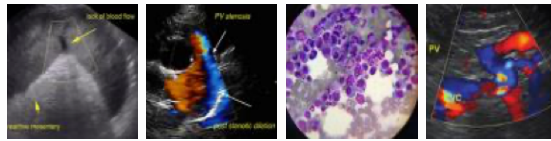
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 2.6 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.7 mm. The jejunal wall measures up to 2.8 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. There is a single, rounded, inhomogeneous iliac lymph node (measuring 1.7 mm in diameter). There is mineralization throughout the lymph node. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Round, mineralized iliac lymph node

Secondary Findings

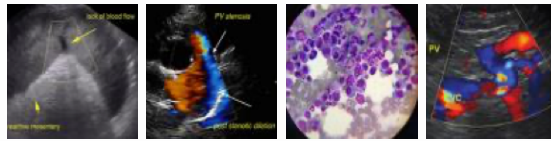
- Pedunculated liver nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the iliac lymph node are likely related to the previously identified anal sac lesion. Re-
aspiration of the anal sac is recommended to try and differentiate malignant from inflammatory
disease. Three-view chest radiographs would also be a consideration.

The nodule on the liver could represent a benign hepatoma, or less likely, a neoplastic process. Fine-
needle aspiration can be considered for definitive diagnosis. Alternatively, serial monitoring via
ultrasound would be reasonable. If the patient was having surgery for the anal sac, this nodule could
potentially be removed for histopathology.





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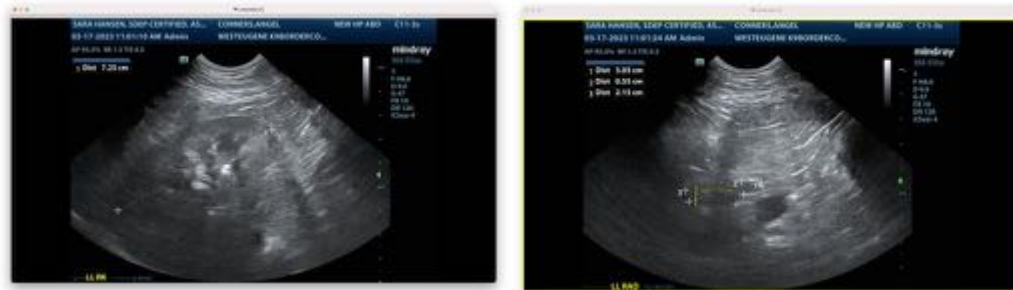
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com